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MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26825

1. PLACE OF DEATH

51 County Johnson Registration District No. 427  
2 Township Madison Primary Registration District No. 4258  
2 City Hallen (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME William B. Lawson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary J. Lawson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 10 - 1876</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1933</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
13. NAME <u>Moses Lawson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Ella Albright</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Mary J. Lawson</u> (ADDRESS) <u>Holden, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden, Mo.</u> DATE <u>8/22</u> 19 <u>33</u>		
19. UNDERTAKER <u>John H. Murray</u> (ADDRESS) <u>Holden, Mo.</u>		
20. FILED <u>Aug. 22, 1933</u> <u>Edmund Audrum, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1932 to Aug. 20, 1933

I last saw him alive on August 20, 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

General Pareisis  
34  
820  
Date of onset Little  
injection  
1923

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) S. O. Murray, M. D.  
(Address) Holden, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement. OCCURSION is very important.

SEP 26 1933

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